

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b).)

Attorney Docket No. SD-8386.1
First Inventor or Application Identifier HASSELBRINK
Title MOBILE MONOLITH POLYMER ELEMENTS FOR FLOW CONTROL
IN MICROFLUIDIC SYSTEMS
Express Mail Label No. EL177882145US

03945 U.S. PTO
10/655337
09/04/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and duplicate for fee processing)
2. ☒ Specification [Total Pages **39**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **10**]
4. ☐ Oath or Declaration [Total Pages ☐- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

ADDRESS TO: MS Patent Application
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)
9. ☐ English Translation Document (if applicable) ☐ Power of Attorney
10. ☐ Information Disclosure Statement (IDS)/PTO-1449
11. ☐ Preliminary Amendment ☐ Copies of IDS Citations
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09/12)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/141,906/**
Prior application information: Examiner **J. V. Thompson** Group / Art Unit: **2855**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

Customer #

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Fax **(925) 294-3389**

Name (Print/Type) **Timothy P. Evans**

Registration No. (Attorney/Agent)

Signature

41,013

Date **9/4/03**

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<h1 style="margin: 0;">FEE TRANSMITTAL FOR FY 2003</h1> <p style="font-size: small; margin-top: 10px;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement. Otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		Complete if Known	
		Application Number	NOT ASSIGNED
		Filing Date	September 4, 2003
		First Named Inventor	HASSELBRINK
		Examiner Name	NOT ASSIGNED
Group / Art Unit		NOT ASSIGNED	
Attorney Docket No.		SD-8386.1	
TOTAL AMOUNT OF PAYMENT (\$)		1198.00	

<h3 style="margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>The Commissioner is hereby authorized to charge</p> <p>1. <input checked="" type="checkbox"/> Indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 50-0583</p> <p>Deposit Account Name: SNL BY KCO</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<h3 style="margin: 0;">FEE CALCULATION (continued)</h3> <h4 style="margin: 5px 0;">3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Timothy P. Evans	Reg. Number (Attorney/Agent)	41,013
Signature		Date	9/4/03
		Telephone	(925) 294-3690

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